



Last Updated: 03/09/2022

Updates and Clarification of the Prior Authorization Process for Community Based Care Services

The purpose of this memorandum is to provide periodic updates and clarification for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We understand that some providers still are experiencing delays, however, are seeing progress in the correct submission of Prior Authorizations by providers and in the number of PAs being processed by KePRO. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs. We ask for your patience and understanding during this transition as we continue to improve upon the current process.

Timely Filing Requirements

DMAS has extended the relaxed requirement of timely submission for PA requests through December 31, 2006. This applies for request dates beginning June 5, 2006 (at the time of the KePRO implementation). **Starting January 1, 2007 timely submission for requests will again be applied and determinations will be made based on timeliness.**

Resource Information

Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.



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All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 or if you are located in Richmond or out-of- state call 804-786-6273.

Requesting PA for Waiver Enrollment and Waiver Services

Waiver enrollments must be faxed to KePRO using the Community Based Care Request for Services form (DMAS-98) as the fax cover sheet. Enrollments are defined as:

- Requests for individuals that have never been or who are not currently enrolled in a waiver; or
- Individuals who have received waiver services in the past, were admitted to a facility, and upon discharge from the facility back to the community, need to resume waiver services again; or
- Individuals who are transferring to or from Individual and Family Developmental Disabilities Waiver, Mental Retardation Waiver, or Day Support Waiver to the Elderly or Disabled with Consumer Direction Waiver, or AIDS/HIV Waiver. **There is no need to send in an enrollment when transferring from one provider to another provider under the same waiver within a 12 month period.**

Please review the waiver manuals regarding documents that are necessary to submit to the PA contractor for waiver enrollments. *(Refer to the attached table for further instructions regarding submission of waiver enrollment requests.)*

Service requests may be submitted through fax, iEXCHANGE, telephone, or mail once the individual is enrolled in the waiver. **At this time, the preferred method to submit all waiver requests, regardless of whether an enrollment or a service request, is by fax. This is a change from previous notifications regarding submission of requests.** The DMAS-98 is to be used for all fax or mail requests. Please see the KePRO website <http://dmas.kepro.org/> or DMAS website www.dmas.virginia.gov for current versions of forms and associated instructions.

- When requesting multiple services for one individual, you must have all necessary information for each service you are requesting. If submitting by fax or mail, the request for multiple services may be submitted on the same DMAS-98, however, provider numbers must be clearly indicated for each service provider. If submitting a request for services to KePRO through iEXCHANGE, you must enter all necessary information for one specific provider number on the individual's request. *(Example: if the request is for*



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respite and personal care, you must enter all information through iEXCHANGE under the personal care provider identification number, then submit a second request through iEXCHANGE with all of the information under the respite care provider identification number).

- Please do not send attachments with the DMAS-98 if you are requesting a service to an individual already enrolled, it will slow down processing of the request. All pertinent information must be documented on the DMAS-98. It is not required to attach the Provider Agency Plan of Care (DMAS 97-A/B).
 - KePRO is unable to alter any information submitted on PA requests. Providers are responsible for providing accurate and correct information on their PA requests.
 - KePRO will reject requests that are submitted with old forms and unauthorized attachments.
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- If your PA request overlaps with a PA from a different provider (same recipient, same service, same or overlapping dates), your PA requests will be delayed. Additionally, if your client is transferring to you from a different provider, the prior provider's last day of service must be submitted to KePRO before an approval is granted for the new provider.
 - If you are discharging an enrolled individual from your agency, please be sure to discharge every service, if appropriate.

Verification of Valid ID Numbers

Identification numbers may be verified easily by looking at the number of digits in the ID number.

- The Case ID Number is generated once your request is entered in iEXCHANGE. This is a tracking number of the specific request submitted.
The Case ID Number is 9 digits in length.
- All Medicaid ID numbers for individuals covered under Medicaid are 12 digits in length. Please submit a complete Medicaid ID number for all requests.



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Providers are responsible to verify the individual's eligibility to assure waiver coverage and enrollment prior to submitting requests to KePRO. Incomplete ID numbers cannot be processed and will be rejected back to the provider. **All valid Medicaid ID numbers are 12 digits in length.**

- Once a final determination has been made on the submitted request, a prior authorization (PA) number will be generated by the VaMMIS. **All PA numbers are 11 digits in length.** The PA number will also be posted on iEXCHANGE (and sent via fax for telephone and fax PA submissions). Providers may also check prior authorization status through Medcall (1-800-884-9730 or 1-800-772-9996) or the DMAS web-based automatic response system (ARS) at <http://virginia.fhsc.com>.
- Waiver providers will begin seeing the status "Deny/Reject" in iEXCHANGE. When you see a status of "Deny/Reject" this means you must look in the comment section of iEXCHANGE to get your PA number. KePRO is experiencing technical problems with the batch up process to VaMMIS for waivers, so there is an alternate process to manually enter decisions in VaMMIS. The outcome of this alternate process is the "Deny/Reject" status in iEXCHANGE. By directly entering in to VaMMIS, the PA number is not automatically posting in iEXCHANGE; the reviewer has to manually enter the PA number to the case; the only place they may add it is under the comment section.

Special Information for Technology Assisted Waiver (Tech Waiver) Providers

If an individual that is enrolled in Tech Waiver is in need of Durable Medical Equipment (DME), the request must be submitted through Outpatient DME under PA Service Type 0100. DME is available to all Medicaid eligible individuals, regardless of their waiver status. The Outpatient Prior Authorization Request form (DMAS-363) is to be used for all fax or mail requests related to outpatient services. Please see the KePRO website <http://dmas.kepro.org/> or DMAS website www.dmas.virginia.gov for current versions of forms and associated instructions.



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Additional Tips to Expedite Your Request

Your request will be expedited more efficiently if you keep in mind the following tips:

- Include all relevant clinical information in the Severity of Illness (SI) and Intensity of Service (IS) boxes, locator13 on the Community Based Care Prior Authorization Request form (DMAS-98). Please do not state “see attached” or “meets criteria,” and do not send attachments with the fax forms, except as noted in fax form instructions.
- KePRO is unable to alter any information submitted on PA requests. Providers are responsible for providing accurate and correct information on their PA requests.
- When completing the Community Based Care Prior Authorization Request form (DMAS-98), please assure you are checking the appropriate PA Service Type in locator 12.
- The primary ICD-9 diagnosis code is required and must include all 5 digits if applicable. iEXCHANGE provides a search feature for ICD-9 and procedure codes. These codes are also available in an Excel format that may be viewed by written diagnosis, rather than ICD-9 code on the KePRO website at: <http://dmas.kepro.org/default.aspx?page=faq>.

KePRO Contact Information

You may contact KePRO through the following methods:

iEXCHANGE: <http://dmas.kepro.org/>

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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Fax: 1-877-OKBYFAX (1-877-652-9329)


Mail: 2810 N. Parham Road, Suite 305, Richmond, VA 23294

Other Provider Issues: ProviderIssues@kepro.org

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>

COPIES OF MANUALS

 DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.